

(Dr. Cushing - from Dr. Malloch)

13, Norham Gardens, Oxford.

Shelley Dec. 28, 1919.

Dear Dr. Cushing:

I know how anxious you will be to hear about Sir William. I think the last time I wrote was after the second tapping, when only slightly turbid fluid was obtained, but some B. influenzae grew out. His temperature persisted and became intermittent to about 100.5° although twice it was 102° and he felt flushed in the evening and certainly did some sweating every day. There were no chills. His white blood count was 29,000. We had hoped that with these two aspirations enough had been found and, besides, the great paroxysms of coughing ceased, although he still brought up a lot of nummular sputum.

We searched for another pocket and I got signs of compression of the upper half of the lower lobe on the opposite side, i.e., the left. I interpreted this as being due to some fluid on the right side, and close to the spinal column on the right side there was a small patch of bronchophony. Horder came down last Sunday (21st) and was able to confirm this. He went into the VIIth or VIIIth space as before and got the same slightly turbid fluid, then pointing the needle upwards and towards the spinal column he got a few cc. of brownish very foul-smelling pus. I held Sir Wm. as he did this and was able to detect the same bad odour to the breath as he coughed in my face, as we had noticed two weeks before. There had never been any bad odour in the sputum. With another needle Horder then went in at about the same level only closer to the spine and got some blood-stained fluid, but it did not have the bad odour. Horder interpreted all this as being due to a very small pocket of empyema surrounded by less infected fluid. That night Sir Wm. was not so well and his pulse went up to 120 and he felt very rocky. There was but very little blood in the sputum after the aspiration.

On Monday (22nd) the next day, Sir Gordon Watson came down, and under CHCL₃ cut down over the VIIIth rib and resected about 4 inches of it. On puncturing the pleura he obtained no fluid but got the same bad odour, and on opening the pleura about ten ounces of bloody fluid were obtained, which was stinking. There was a fair-sized empyema cavity extending down for 2-3 inches and over towards the spine and for a short distance towards the axilla. The lung was covered with thickened pleura but we could feel no soft spots in it. He put in a big tube and one gauze drain covered with rubber tissue. Sir Wm. was very shocked after this, his temperature dropped to about 96° and his pulse was rotten. With rectal salines, etc., he bucked up a bit and his temp. came slowly up to normal. His cough became less. He has been extremely drowsy and no morphia has been necessary after the first night. Three days ago he had some fresh blood in the sputum but that has now stopped and we could locate no new patch of pneumonia. His

His temperature now runs along about 99° and has not been above 99.4° and his pulse runs between 96° and 110. His respirations are from 28 to 32. He is not picking up quickly enough and his drowsiness continues. Two nights ago, after a very bad day with bed-pans, etc., he wandered

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a little. His pulse is of very fair volume. His white blood cells yesterday were 39,000 and of course we are on the look-out for another pocket. Sir Gordon Watson came down again today and explored the cavity to see if there were any block there, but could find none. On account of the large opening it is difficult to make out much on that side and we have been unable to locate anything fresh. The left chest is quite clear. Of course it is to be borne in mind that the Regius does not easily run a high temperature. Where the pus was found and where the cavity is now are certainly below the interlobar septum. There is no sweating. An attempt is being made to have the cavity drain better, but I can hardly think that all that count can be due to a cavity that has at least been opened. Horder comes again in the morning. I greatly fear other pockets in these cases. Of course we do not know for a certainty whether there ever was an abscess in the lung or not.

It is a very anxious time as you may readily imagine, but it has been a great help to have Bill and Mrs. Chapin here during the past week; they arrived just before the operation. It has been wonderful how Lady Osler has stood the strain, and it is good indeed for her to have Mrs. Chapin with her. She spends more time at her meals, and the two Revere sisters have tremendous talks together. We had a very quiet Xmas but I should not have liked to have been anywhere else. It is nice to feel that one can be of some help.

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Our love to you all.

Yours affectionately,

Archibald Malloch.

P.S. (From Dr. W. W. Francis) Bestest greetings. He has been taking more (and sufficient) nourishment the past twodays. He had me read to him last night - a good sign. He looks ghastly at times, but I feel in my bones that he will yet pull through. Archie has been the greatest help, medically and otherwise. He knows these cases.

Aff'ly Bill.